Z.B.

	PLACE OF DEATH  2. Aunes Ougan	STATE OF MARYLAND CERTIFICATE OF DEATH
Coun	15820	Registration Dist. No. 25/
Villa	go or City Giving Fown (No. , )	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
19- 3	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	A COLOR OR RACE SSINGLE, MARRIED, MIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH Sold 18 (Month) (Day) (Year)
6 DA	TE OF BIRTH  Sout Know  (Month) (Day) (Year)	that I last saw h alive on Sept 18, 191
7 AG		and that death occurred on the date stated above, at
♠ par	Trade, profession, or Harm work	Chronie Elphites.
wh	) General nature of industry siness, or establishment in ich employed (or employer)	Contributory Methal Lese de de.
	10 NAME OF: Julies; Bordley	(Signed) Herming (Duration) for yes mas ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  (12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Al piece In the of death
14 T	(Informant) Mary El Bordly	If not et place of doath?  Former or usual residence
15	(Address) lettes tertonn HB. 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LOCK Neck 2. a Co My Sept. 30, 19145
FII	ed 191 C CHMUL	Le Mas. La Dodd le hestertown
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary Greman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of Occupation-Precise statement of occupa-Coal mine, etc. very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISFASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible mus," "Old Age," "Shock," "Uracmia," "Weakness," on Nomenclature of the American Medical Association.) Struck by railway train-accident; Revolver state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichumia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ..... to determine definitely. Examples: Accidental drowning; "Heart failure," "Heemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-State cause for which Never report mere "Atrophy," (Recommendations mound

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH

15821

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 250

St :-----Ward) [if death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH LIP 3 , 1913 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
	1913, to Just 9, 1913
(Month) (Day	(Year) that I last ssw ham alive on Fift 9 1913
	LESS than and that desth occurred on the dats stated above, at 61m
60 t	lay,hrs. The CAUSE OF DEATH* was as follows:
OCCUPATION O	Tulsyman Strumbage
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Ouration) yrs mas.
BIRTHPLACE (State or country)	Secondary Lulupman Juhaculai
Then Chine G	(Uprailon) yrs mos o
10 NAME OF FATHER	(Signed) CXXVIII tracto
topy W Mai	elia (signer).
11 BIRTHPLACE	1913 (Address) prolling my
C (State or country)  MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from MOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDE
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
Mary 1. Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER	At place in the
(State or country) fisher (muse	ot death yrs, mos. ds. State yrs, mos. d
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLED	If not at place of death?
(informant) Olara & Hone	Former or
Baring	usuai residence.
(Address) 2 Complete	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
5 n 1 h 1 n 1 ( Des . 1 )	Jacobay Sept 5, 1915
Fled Def Dep 1915 Of The Classo	20 YNORTAKER ADDRESS
V Local REG	STRAR NO VALLE OTT HARRING

S. No. 1. 4



CERTIFICATE OF DEATH
[Approved by U. S. Census and American Public Health
Association.]

who receive a definite salar), may be entered as Mousewife, Housework, or At Home, and children, not cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, cte. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. ness of various pursuits can he known. The question applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, c. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. cte. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, totanus) may be stated under the head injury, as fracture of skull, and eonsequences (c. g., mia," "l'uerperal peritonitis," cte. State cause for childbirth or miscarriage as "Puenperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report oma, Sarcoma, cte., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Agc," "Shock," "Uraemia," "Wcakness," "Contributory." dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably etc, when a definite disease can be ascertained as the Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," Measles (disease causing death), 29 ds.; (Recommendations on statement of



V. S. No. 1.

SICIANS should OCCUPATION IS PHYSICIANS RECORD ō statement PERMANENT classified. THIS properly supplied. pe UNFADING may 80 6 terms, LO plain Instructions \_ EATH 50 Item Every Item CAUSE OF Important.

Very

STATE OF MARYLAND PEACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [it death occurred in ..Ward) a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 5 SINGLE. COLOR OR RACE MARRIED. WIDOWED, (Month) (Day Write the word I HEREBY CERTIFY, That I attended decessed from 6 DATE OF BIRTH (Month) (Day (Year and that death occurred on the date stated above, at 8 30 7 AGE If LESS than 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) ... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE MY KNOWLEDGE If not at place of death? Former or usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR

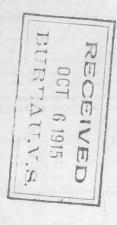
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, (d)

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from ctc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgcnital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report



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Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH 2

PLACE OF DEATH

County Luceu Herres	CERTIFICATE OF DEATH
Village or City Cherch Skel 17.  2FULL NAME JOEAN B.	Registration Dist. No.  St.; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Self 1, 191 (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH AND (Month) (Day (Year)	that I last saw here alive on Dore 191
TAGE  West When Post If LESS than 1 day,hrs.  yrs. mos ds. or min.?  Cal Trade, profession, or particular kind of work.	and that death occurred on the date stated above, at no The CAUSE OF DEATH * was as follows:
(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER JOSEP COLO COLO CONTROL CONTROL COLO COLO COLO COLO COLO COLO COLO C	(Signed) (Buration) yrs mos d (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violen
12 MAIDEN NAME OF MOTHER Alege Howlland  13 BIRTHPLACE OF MOTHER ALLEY Described  (State or country)	CAUSES. state (1) MEANS OF INJURY; and (2) whether ACCIDEN TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON RECENT RESIDENTS)  At place In the ot death
(Informant) Of the BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death? Former or usual residence.
(Address)	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  SALVA

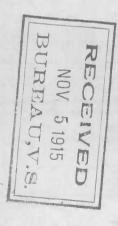
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[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. cases, especially in industrial employments, it is nectiou is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Furmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Scrwant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inaultion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. ample: sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 "Semile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," "PUERPERAL septichae-Never report



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	PLACE OF DEATH 15824	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Que aure	Registration Dist. No. 257
VIII	lage or City Slabtown (No	St.; Ward)  [If death occorred is a hospital or institution, give its NAME Instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 8	Wale Color of RAGE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Sext 32 (Month) (Day (Year)
6 D/	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased fro
	Hout know (Day (Year)	that [ last saw halive on, 191, 191
7 AC	GE  out 62  yrs mos ds. It LESS than t day,hrs.  OR min.?	and that death occurred on the date stated above, at P. n. The CAUSE OF DEATH* was as follows:  No Dectar Saw This Man -
(a) (b)	OCCUPATION OTRAde, profession, or ricular kind of work. General nature of Industry,	It is evidently Parelysis - 71/2 how
whi	iness, or establishment in ch employed (or employer)  RTHPLACE (State or country) Caroline Co - hnd	Gontributory Secondary
S	10 NAME OF Sont Know.	(Signed) As Comparison (Signed) As Mos. (O. M.)
ENT	OF FATHER (State or country)	*State the Disease Causing Death, or in deaths from Violes of Land of
PAR	of Mother Dout Know	18 LENGTH OF RESIDENCE ( OF HOS MALE, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)  Don't know	At place in the ot death yrs mos ds. State yrs mos (
	(Interment) Lydia Journia (Dayliter)	Where was disease contracted, It not at place of death?————————————————————————————————————
	(Address) Marydel RJD. hid	USUAL TESIGENCE.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  SAME DESIGNATION OF THE PROPERTY OF THE PROPER
16 Fill	osel 56h, 1915 RH Phillips	20 UNDERTAKER A ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in Industrial employments, it is necmaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, totanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., "Ileart failure," "Hacmorrhage," "Iuanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the thenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronio oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For vio-



RECORD PERMANENT FR UNFADING 0 Ш WITH PLAINL

8. No.

PHYSICIANS t statement of Exact EXACTL classified stated ack of certificate. proporty pe should ы back G d 44 so that 0 carefully supplied plain terms, so t See instructions pe 2 should ATH important Ш 0 information 0 Very Ш should state CAUS CAUS m Z

1 PLACETOF DEATH STATE OF MARYLAND ERTIFICATE DEATH County Registration Dist. No. if death occurred in .....Ward) a hespital or institution. give Its NAME Instead ot street and number. <sup>2</sup> FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE 16 DATE OF DEATH WIDOWED OR DIVORC (Day) (Year) attended deceased from 2 3 (Day) (Year) (Month) 7 AGE It LESS than 1 day, O hrs. 0 The CAUSE OF DEATH \* was as follows: OR Omin. ? a) Trade, profession, or particular kind of work (b) General nature of Industry business, or establishment in (Bureline) which empleyed (or empleyer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER RENTS BIRTHPLACE (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whother ACCIDENTAL, 12 MAIDEN NAM SUICIDAL OF HOMICIDAL ~ OF MOTHER LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIERTS OR RECERT RESIDENTS) 13 BIRTHPLACE (State or country) State, ......yrs. .....moe. yre. mae. de. Where wes diseass sontracted, KNOWLEDGE If not at piece of death? Fermer er (tofermant) ueun! residence OF BURIAL (Address) 15 20

If more blanks are needed, address State Registrar, 18 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cases, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part of the second statement. Never return "Laborer," business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. -Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in

Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); fever (the only definite synonym is "Epidemic cerebroterm for the same disease. Examples: Cerebrospinal CAUSING DEATH (the primary affection with respect to time and causation), Statement of Cause of Death-Name, first, the DISEASE using always the same accepted

SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Example: Measles (disease causing death), 29 ds.; Bron-chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitia "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... and consequences (e. g., sepsis, telanus) may be stated head-homicide; Poisoned by state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitie," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull birth or miscarriage as "PUERPERAL septichaemia," on Nomenclature of the American Medical Association.) by railway train-accident; Revolver wound of Always qualify all diseases resulting from child-The contributory (secondary or intercur-"Dropsy," "Exhaustion," carbolic acid-probably State cause for which

If this certificate is looked over thoroughly and all questions auswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NOV171915

en annue

BURTAU, V.S.

PLACE OF DEATH

0 0		PLACE OF DEATH	STATE OF MARYLAND
AT	0	December Corne 10826	CERTIFICATE OF DEATH
0 E	Coun		(0,0)
YS ate			Registration Dist. No.
St	Villag	se or City sear 1 Daze Kel (No.	St.; Ward) [If death occurred in
ac.	1	1: 117	a hespital or institution, give its NAME instead
50		2 FULL NAME LANGE H. T	of street and number.]
D B			
EX		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
D &	3 SE		16 DATE OF GEATH
y cl		Male WIST WIODWED OR DIVORCED MENUS	(Month) (Day) (Year)
nould be st be properly certificate	44		17 I HEREBY CERTIFY, That I attended deceased from
roper Ificat	OA	TE OF BIRTH	rug 16 , 1915, to teleg Fept 7 , 1915,
e p		(Month) (Day) (Year)	that I fast saw ham alive on Let 6 1915
sh by b	7 AGI		and that death occurred on the date stated above, at
GE		9 1 day,hrs.	The CAUSE OF DEATH * was as follows:
AGE it ms back		33 yrs. mos. ds. OR min.?	Tenhandens Tong ngilia
hat on	8 00	CCUPATION ) Trade, profession, or	
= + 0	par	ficular kind of work	V V
S, S		) General nature of lodustry liness, or establishment in	
refully supp n terms, so instruction	whi	ch employed (or employer)	(Ouration)
efu nst	9 BI	RTHPLACE (State or country)	Contributory Fulmuny whiches
plair See I		Maryland	(Buratien) yrs mes ds.
o a c		10 NAME OF FATHER	(Signed) CH Matcack M. D.
1 T =	u	Wayandn Hall	P. T. F. F. Selland In
on should DEATH mportant	5	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from Vallent
P O O	RENT	(State or country)  12 MAIOEN NAME	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
- L-	PAF	OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
e E E		13 BIRTHPLACE	OR RECENT RESIDENTS
for US V s		OF MOTHER (State or country)	At place in the of death yes. mes. de. State, yes. mos. ds,
E 4 -	14 TH	TE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGE	Where was disease contracted, if not at piece of death?
0 00		01 11 11 11	Former or
sta	1	(Informant)	usuel reeldence
Z E D		(Address) Marydil, Del	19 PLACE OF BURIAL OR REMOVAL OATE OF BURIAL
Every item of should state COCCUPATION	16	(national) is a second of the	Sudlishle 7/9, 1015
M NO	File	Self 9 1911 Rm Bunteel	20 UNDERTAKER ADORESS
m	FIRE	REGISTRAR	Wedler Sudleantle
Z		If more blanks are needed, address State Registrar,	16 W Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, The material worked on may form part Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; head-homicide; Poisoned by carbolic acid-Struck by railway train-accident; Revolver state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Puenperal peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the genital," mus," "Old Age," "Shock," "Uraenia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. "Anaemia" Example: Measles (disease causing death), 29 ds., Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of .... Always qualify all diseases resulting from child-"Coma," "Senile," etc.), (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-"Dropsy," State cause for which Never report merc "Exhaustion," to punon -probably



S. No. 1.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD PERMANENT stated EXACTLY. e oarefully supplied. AGE should be si UNFADING INK-THIS IS DEATH in piain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH CAUSE OF DEATH In plain N. B.-Every Item of Information Important.

,	1	PI	A	CE	OF	D	EA	T	
			-						

Village or City Barceas



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. [It death occurred in a hospital or institution. St.;....Ward)

FULL NAME Mary &	Halliss NAME Instead et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Mac WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day)	1853 (Year) that I last saw has alive on 9-6-, 1915
1	It LESS than day,hrs.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, er particular kind et work.	A South Mark Mark Mark Mark Mark Mark Mark Mark
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory (Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Caroline Co.	(Secondary) (Outstion) yrs mos. ds.
OF FATHER CONTROL CONTROL OF FATHER CONTROL OF FATHER CONTROL OF THE CONTROL OF T	9-7 (Address) Implemille Jul
M 12 MAIDEN NAME OF MOTHER S	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death  Office of death  Of
(Informant) Tray of Contract C	Where was disease contracted, It not at place of death?  Former or usual residence.
(Address) Barclas no	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Bartley  Aug. 191
Fled of 8th, 1915- 17 Bullifa	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Begistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Never return "Laborer," For persons "Foreman," (6)

losis of lungs, meninges, peritonacum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISEASE Typhoid fcvcr (never report "Typhoid Examples: Cerebrospinal

> sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puttereal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Mara" genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "A" affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds. ter" is less definite; avoid use of "Tumor" for mally The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin: "Can State cause for Examples: For VIO-

ence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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certificate.

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of Inford

Item 9 Every Item CAUSE OF Important.

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PERMANENT

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St.:----Ward)

I'lf death occurred io a hospital or institution. give its NAME instead of street and number.]

#### PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. Married WIDOWED, (Month) (Day (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH ...., 191...... to...... (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above at 12- R. m. 1 day,....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 Oprovie Dearrhas a BOCCUPATION and Cecute Depresente (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) ......grs...mos.....ds. which amployed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH A CONTROL CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER (State or country) At place in the of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_ yrs. \_\_\_ mos. \_\_\_\_ ds Where was disease contracted, if not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Chistertoura and 15 20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritouaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplusms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cau-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As cer" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "Puerperal peritonitis," etc. childbirth or miscarriage as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marus-Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations on statement of "Dropsy," "PUERPERAL septichae-State cause for "Exhaustion,"



V. S. No. 1.

1 PLACE OF DEATH

	PLACE OF DEATH	STATE OF MARYLAND
Cour	15829 (4	CERTIFICATE OF DEATH  Registration Dist. No. 254
Villa	go or City Carreschiac (No. 2 FULL NAME M Lee Jo	St.; Ward)  [It death occorrad in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	* COLOR OR RACE   5 SINGLE, MARRIEO, WIOOWEO OR OLVORCED (Write the word)	16 DATE OF DEATH  Month)  (Day)  (Year)
6 OA	TE OF BIRTH.  Month) (Day) (Year)	that I last saw how alive on 1915
7 AG		and that death occurred on the date stated above, at Some The CAUSE OF DEATH * was as follows:
(b bus wh	General nature of iodustry  Siness, or establishment in ich employed (or employer)  HTTHPLACE (State or eountry)	Contributory Marging Cough.
	10 NAME OF A	
RENTS	11 BIRTHPLACE OF FATHER (State or country)  12 State or country)	*State the DISKASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PARENT	11 BIRTHPLACE	(Signed)
PARENT	11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER MAG Q: Philby  13 BIRTHPLACE OF MOTHER (State or country)  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Lung Melling	*State the DISKABE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ef death
14 TH	11 BIRTHPLACE OF FATHER (State or country)  12 MAIOEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  14 ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	"State the DISKABE CAUSINO DEATH, Or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.  1B LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the state of the state of death yrs

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. employed, as At school or At home. Care should be write None. business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy Unborer, Farm laborer, Laborer "Foreman," "Manager," "I caler," etc., of the second statement. Never return "Laborer," mobile factory. The material worked en may form part mill; (a) Salesman, (b) (roccry; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits ean be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, "ronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassuicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. birth or miscarriage cause. Always qualify all diseases resulting from childcough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping The contributory (secondary or intercuras "Puerperal septichaemia," Examples: Accidental drowning; State cause for which (Recommendations Never report merc wound of



V. S. No. 1.

1 PLACE OF DEATH

Coun	15830	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 252
Villa	go or City Centreville (No. ,	St; Ward)  [If death eccurred in a hospital er institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sept. 19, 1915 (Month) (Day) (Year)
6 DA	TE OF BIRTH  (Month) (Day) (Year)	that I last saw h M alive on 9// 1915
7 AG		and that death occurred on the date stated above, at
par (h	) Trade, profession, or States world ) General nature of lodustry slaess, or establishment in ich employed (or employer)	(Ourstion) yrs. mos. di
	RTHPLACE (State or country) Julie anne Co.	Contributory Secondary  (Byryller)  75. mos. di
NTS	10 NAME OF SOL Baynard  11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) (Address) Centrule
PAREN	12 MAIDEN NAME OF MOTHER MATTER.	*State the DISEASE CAUSINO DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIOENTAL, SUICIDAL OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country). Justin Anne Co.	OR RECENT RESIDENTS) At place In the ef death yrs. mas. de. State, yrs. mos. de.
	(taforment) Sol Baynard	if not at place of death?
15	(Address) Pentreville, Ind.	Burisville Ind. Date of Burial
File	8 Sept. 20, 1915 Robt. Wedness	Post. W. Edding Centrevilles
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

state oecupation at beginning of illness. write None. C yrs.). business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers Housemaid, etc. employed, as At school or precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Lealer," etc., without more mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many eases, of the second statement. mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupais very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part If the occupation has been changed At home. Care should be Never return Locomotive engineer, If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."); Lobar pneumonia. Pronehopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of eause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Puerperal peritorities," etc. State cause for which mus," "Old Age," "Shock," "Uracmia," "Wcakness," ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for inalignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercur-Never report mere



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [if death occurred in .Ward) a hospital or institution. give its NAME Instead of street and number.] CERTIFICATE OF DEATH MEDICAL PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE MARRIED. 191 WIDOWED, Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 2 (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day hrs. OR ..... 7 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) ..... Contributory Secondary 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE (Address) OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 8 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE In the Af piace OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State \_\_\_\_\_ yrs. \_ \_ ds. (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE WLEDGE If not at piace of death?. Former or usuai residence DATE OF BURIAL (Address) .... 15 ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) CAUSING DEATH, state occupation at beginning of ili-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a dcfinite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salesman, (d)

lesis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) "Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing neath (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercufever (the only definite synonym is "Epidemic cereterm for the same disease. Statement of cause of death-Name, first, the DISEASE Examples: Cerebrospinal

> ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of State cause for Never report

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



Lif death occurred in

a hospital or institution. give its NAME instead

of street and number. I

(Day)

1 PLACE OF DEATH

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. write None business, that fact may be indicated thus: Farmer (retired or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servont, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer Housemaid, etc. "Forenias," "Manager." "Dealer, of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationory fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Former or Plonter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Coal mine, etc. Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, If the occupation has been changed Women at home, who are engaged in Never return "Laborer," Dealer," etc., without more Locomolive engineer, If retired from (b) Auto-

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RECORD	-Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should sta	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ver	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	EXACTLY.	t statement	
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1 PLACE OF DEATH . . . CERTIFICATE OF DEATH Registration Dist. No. **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? \_\_\_\_\_ mos..... OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. Where was disease contracted. If not at place of death?.. Former or usual residence. 15 20 UNDERTAKER

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State ..... yrs, \_\_\_\_ mos. \_\_\_

STATE OF MARYLAND

....Ward)

If death occurred in

a hospital or institution, give Its NAME Instead of street and number. ]

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Fublic Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

St; Wa	rd) [If death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH	Month) (Day) (Year)
	at I attended deceased from
that I last saw harmalive on and that death occurred on the	9/13 , 1915,
The CAUSE OF DEATH * was as	s follows:
of the him	uratign) yre mes de
Secondary  Secondary  (Signed)	wration) yre mos ds.
*State the DISKASE CAUSINO DI CAUSES, state (1) MEANS OF INJUR SUICIDAL OF HOMICIDAL.	SATH, or, in deaths from VIOLENT r; and (2) whether ACCIDENTAL,
18 LENGTH OF RESIDENCE (FOR Hos OR RECENT RESIDENTS) At place of deeth yrs. mee. de. Where was disease contracted, If not at place of deeth?	In the  State,gre
Former or / usual rosidence	
19 PLACE OF BORISL OR REMOVAL	
20 UNGENTAKE GY ELVEN	ex paddress
16 W Countries St. Polto Proposting V	S No 1

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the disease causing death, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-Housemaid, etc. the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mill; (a) Salesman, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulmobile factory. business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part If the occupation has been changed Never return If retired from "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia. Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state means of injury and qualify as accinental, mus," "Old Age," "Shock," "Uracinia," "Weakness, under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of surgical operation was undertaken. For violent deathis "PUERPERAL perilonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Anzemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... or miscarriage as The eontributory (secondary or intercur-"PUERPERAL State cause for which Never report mere septichaemia,"



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD Every item CAUSE OF Important. N. B.

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1 PLACE OF DEATH

Loca

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 25-3

St.;....Ward)

[If death occurred in a hospital or Institution, give its NAME instead

2FULL NAME Joseph Columber.		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Rale Gep Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 26 , 1915) (Month) (Day (Year)  170 I hEREBY GERTIFY, That I attended deceased from	
6 DATE OF BIRTH  Och  9 (Month) (Day (Year)	Sept 20 1910 to 191 that I last saw h malive on Dep + 20 1915	
7 AGE  3 44 yrs 11 mos 1 ds. OR min.?	and that death occurred on the date stated above, at 2 3 A m.  The GAUSE OF DEATH* was as follows:	
**GOCCUPATION  (a) Trade, profession, or   particular kind of work  (b) General nature of industry,  business, or establishment in  which employed (or employer)	Caused by Tulescultured Stand Stemosphage 3 years been lead lead an active (Duraina) yrs mos ds.	
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  Tranck Pockward  11 BIRTHPLACE OF FATHER (State or country) More land  2 UN 12 MAIDEN NAME OF MOTHER  OF MOTHER	Contributory Secondary  (Duration) yrs mos ds.  (Signed) Jeff Jeff M. D.  State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental Ac	
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  Trank Robinson	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State yrs. mos. ds.  Where was disease contracted, if not at place of death?  Former or usual residence.	
(Address) Steven viele of the	19 PLACE OF BURIAL OR REMOVAL  LEVENSVILLE R, D  29 UNDERTAKER  ADDRESS	



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the nisease (a) Spinner, it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the misease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) \*Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," ctc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OGCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 15836 Oug	state of Maryland	
Lucou Henry	CERTIFICATE OF DEATH	
County Plant	Registration Dist. No. 25/	
Village or City (No	St.; Ward)  [It death occurred in a hospitat or institution, give its NAME instead	
2 FULL NAME Elsein ME	ot street and number.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Jex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)	
8 DATE OF BIRTH SEAT 8 19/101	17 I HEREBY CERTIFY, That I sttended deceased from	
(Month) (Day Year)  7 AGE   It/LESS than	that I last ssw h alive on slot to the total	
1 day,hrs.	and that desth occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:	
yrs mos ds OR min.?	(h)	
(a) Trade, protession, or particular kind of work	They bornes	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.	
9 BIRTHPLACE (State or country) Ille Acles 6	Gentributory Secondary (Burntles)	
10 NAME OF Willeden & Robery	(Signed) LO FLO See . O . M. D.	
of FATHER (State or country) Selly Heres C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
OF FATHER (State or country) Selly Here's C	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.  1BLENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,	
13 BIRTHPLACE OF MOTHER (State or country) Keller Acres &	At place In the ot death yrs mos ds. State yrs mos ds	
(Interment) Structo the Best of My Knowledge	Where was disease contracted, It not at place of death?  Former or usual residence	
(Address) Cleres Hell	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1915	
Flied, 191	20 UNDERTAKER ADDRESS	
REGISTRAR  If more blanks are needed address State Portion	Jaum Chuch	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kiud of work and also (b) Civil engincer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: ness. If retlred from business, that fact may be indibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foremau," (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diputheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of..... (name origiu; "Canmant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig mia," "Puerreral peritonitis," etc. State cause for ctc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "luauition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. iujury, as fracture of skull, and consequences (c. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronehopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated nuder the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulflug from "Seuile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," "Puerperal septichae



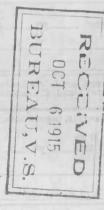
should state	County Tueen and	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 252
PHYSICIANS should of OCCUPATION	VIIIage or City Centreville (No,	St.; Ward)  [If death occurred is a hospital or institution, give its NAME instead of street and number.]
ent F	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL) t statem	Jemals Color of RACE Single,  MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH LEAST. 28 , 1915 (Month) (Day (Year)
e stated	6 DATE OF BIRTH  Left. 75, 1890  (Month) (Day (Year)	Tuly-16-, 1915 to Selt 28-, 1915, that I last saw her alive on Selt 27-, 1915
should b	7 AGE  1	and that death occurred on the date stated above, at 9. m. The CAUSE OF DEATH* was as follows:
Properly	(a) Trade, protession, or particular kind of work.	Seguel of Typhond Lever.
ly supplied it may be cate.	(b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Furew Quie Co.	Contributory Gashie Weer Secondary
be carefully su so that it m t of certificate.	10 NAME OF Emanuel Scott	(Signed) W. Herry France M. D. Selt-28 1015 (Address) Centrevelle M. d.
should in terms, s on back	11 BIRTHPLACE OF FATHER W 12 Maiden Name OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Information DEATH in pla See Instruction	13 BIRTHPLACE OF MOTHER (State or country) Diesen Quee Co,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place In the of death yrs. mos. ds. State yrs. mos. ds.
E L	(Interment) Clar Seat	If not at place of death?————————————————————————————————————
N. B.—Every Ite CAUSE ( Important	(Address) Centreville ms.  15 Filed Sept 28, 19 m Maph, M. REGISTAR	19 PLACE OF BURIAL OR REMOVAL  Carmichael Ms. Sept. 30, 1915  20 UNDERTAKER  Cobt. W. Eddius Centreville, m
	If more hlanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH County Julen County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Centrevillano.	Registration Dist. No. 252  [it death occurred in a hospital or lostitution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white (Write the word)	Month) (Day (Year)
ODATE OF BIRTH  July 3, 1914  (Month) (Day (Year)	17 I hEREBY CERTIFY, That I attended deceased from
7 AGE   It LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Drowned in a Tule,
which employed (or employer)  BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
on 11 BIRTHPLACE  11 BIRTHPLACE  12 SERVICE  13 BIRTHPLACE	(Signed) JP.7. MeTheren, M.D. L. 9/16, 1915. (Address) Centruster
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death
(Informant) Response Howard	ormer or usual residence
(Adjfess) Converte m.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regist	ray, 6 E. Franklingt., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the the nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, telanus) may be stated under the head mia," "Puerperal peritonitis," etc. . State childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asby carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ete, when a definite disease can be ascertained as the Bronchopneumonia (seeondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the cause for For Vioof

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

OCT 6 1915

BUREAU, V.S.

S. No. 1.

7

A PERMANENT RECORD AGE should be WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.—Every Item of Information should be CAUSE OF DEATH in plain terms, s important. See instructions on back o

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

1 PLACE OF DEATH

County Green Come Co. City Henters Del (978) (No.





### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;---Ward)

[If death occurred in a hospital or Institution.

FULL NAME famus defatrulf	Eurang give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE SINGLE, MARRIED, Inq 4  While Widowee, ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
TAGE   1915.  (Month) (Day (Year)	17 I hereby certify, that I attended deceased from  Los 12, 1915, to 1, 1, 1, 2, 1, 1915,  that I last saw here alive on 1, 1, 1, 2, 1, 1915  and that death occurred on the date stated above, at 1, 2, m.
t day,hrs.  ormin.?	The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country.)	Contributory Quantilony Builty Secondary
10 NAME OF FATHER June June June June June June June June	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE PLUM GHY MY WINGWARD (Interment)  WM W. Servard	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Af place in the of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted, If not at place of death?  Former or usual residence
(Address)  15  Filed Sept 23, 1915 B. M. Busters  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Bush cha Church Light 24 , 1915.  20 UNDERTAKER ADDRESS  Maryful my
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No.



# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: should be taken to report specifically the occupations who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerferal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



Very SICIANS should PHYSICIANS RECORD ō classified. properly AG pe may 80 ō back should LO plain instructions E EATH 0 0 OF Important. Every It

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [If death occurred in ...Ward) a hospital or lostitution, give its NAME Instead of street and nomber. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 5 SINGLE, DATE OF DEATH 4 COLOR OR RACE MARRIEO. WIDOWED. (Day ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Year) (Day 7 AGE If LESS than and that death occurred on the date stated above, at 1 day ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) -----Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE . (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLDINT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUCIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State\_ Where was disease contracted. THE ABOVE IS TRUE TO THE If not at place of death?. Former or usual residence. DATE OF BURIAL (Address) -----15 ADDRESS

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

lesis of lungs, meninges, peritonaeum, etc., Carcin-("Pneumonia," unqualified, is indefinite): Tubercu-Pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) : Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted causing death (the primary affection with respect to term for the same disease. Statement of cause of death-Name, first, the disease Examples: Cerebrospinal

> cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." scpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-aceimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of (seeondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report

tions answered in detail, it will provent further correspond-once. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



RECORD

PERMANENT

INK-THIS

UNFADING

V. S. No. 1.

STATE OF MARYLAND Very CERTIFICATE OF DEATH 13 should Registration Dist. No. PHYSICIANS shou fit death occurred in St.;....Ward) a hospital or institution, give its NAME instead of street and comber.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF EXACTLY. 3 SEX 16 DATE OF DEATH 5 SINGLE. MARRIED, WIDOWED, Widow (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH classified. (Month) (Dav (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day .....hrs. OR ..... min. ? properly AGE OCCUPATION (a) Trade, profession, or particular kind of work pe supplied. (b) General nature of industry. business, or establishment in may which employed (or employer) certificate. Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) 20 jo back 11 BIRTHPLACE 191 J... (Address) ARENT \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country) 0 12 MAIDEN NAME plain Instructions OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place in the OF MOTHER (State or country) ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_ State . EATH Where was disease contracted. See it not at place of death? 0 0 Former or 9 Every Item CAUSE OF Important. usual residence PLACE OF BURIAL OR REMOVAL PATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS m REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";): Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

County County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 253
Village or City Chester (No,	St.; Ward)  [If death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored Single, MARRIED, MAIRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH  WKNOWN (Month) (Day) (Year)	that I last saw h. Www.alive on
7 AGE  3 7  yrs.  Mos.  If LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at J.S./m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry	Kuluman Jakroulosis
business, or establishment in which employed (or employer)	(Duration)yrsmosds,
9 BIRTHPLACE (State or country) Masyland	Secondary Secondary  The secondary of th
10 NAME OF John Wicks	(Signed) Olo Suya M. O. Slot 7 1915 - (Address) Strurus what
Z OF FATHER (State or country) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causins, state:(1) Means of Injury; and (2) whether Accidental, Suicinal or Homicioal.
of MOTHER Horence Clayto  13 BIRTHPLACE OF MOTHER (State or country)  Maryland	19 ENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrsmosds. State,yrsmosds. Where was disease contracted,
(Informant) A SET WE LOCKED	if not at place of death?  Former or usust residence
(Address) Alevenoville Mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  "Cleslet Ma, 191,
Filed Sept :, 1915 T. Colyonas J. Socal REGISTRAR	Thomas toursvell
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. No. 1.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Secrent, Cook, taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Poreman, only when needed. As examples: (a) Spinner, (b) Collon know (a) the kind of work and also (b) the nature of the engineer, Stationary freman, etc. But in many cases, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthfulis provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer," Locomolive engineer, etc., without more The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, neumonia, indefinite); Tuberculosis of lungs, meningingularity in the disease of lungs, meningingularity is indefinite); Tuberculosis of lungs, meningingularity is indefinite); Tuberculosis of lungs, meningingularity is indefinite);

SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suncide. keal-homicide; Poisoned by carbolic acid-probably Struck surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which genital," "Senile," etc.), nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial on Nomenelature of the American Medical Association.) to determine definitely. Examples: Accidental drowning, cause. . Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Tracmia," "Weakness." symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping by railway train-accident; Revolver wound of The nature of the injury, as fracture of skull, "Dropsy," Never "Exhaustion," ACCIDENTAL, report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



WRITE PLAINLY, WITH UNFADING INK-THIS IS

Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be Defath in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is ant. See instructions on back of certificate.

state Very

RECORD

A PERMANENT

CAUSE OF Important.

N. B.

PLACE OF DEATH 15843 Juen anne

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.-

St:\_\_\_\_Ward)

[If death occurred in

	FULL NAME Elsie M. The	give its NAME Instead at street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX COLOR OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day (Year)
6 D	(Month) (Day (Year)	that I last saw h.M. alive on Jeff 72, 1915
TAI	GE   If LESS than   1 day	snd that death occurred on the date stated above, at 3 am, The CAUSE OF DEATH* was as follows:
(a) pa	OCCUPATION  Trade, profession, or ricular kind of work  Beneral nature of industry,	Maroomis.
whi	iness, or establishment in Che amployer Tone  IRTHPLACE (State or country)  Sueen Anna Co	Contributory Secondary
ITS	10 NAME OF FATHER Frank Wiggins  11 BIRTHPLACE OF FATHER	(Signed) J. F. M. Guration yrs mos ds. 9/23, 1913 (Address) Luciume M. D.
PARENT	(State or country) Queen dine Co.  12 MAIDEN NAME OF MOTHER Mary Simpson	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
	(Informant) Mrs. Frank Wiggins	If not at place ot death?————————————————————————————————————
15 Fill	Der REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Centreville SUS. Lept. 75, 1915  20 UNDERTAKER  Robt. W. Eddius Centreville
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

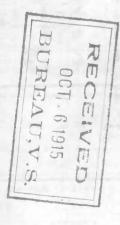
[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise spectit should be used only when needed. As examples: who have no occupation whatever, write None. CAUSING DEATH, state occupation at heginning of illheen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Plantor, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may he indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, ctc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations ou statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



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PHYSICIANS should state of OCCUPATION is very

Exact statement

properly classified.

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certificate.

See Instructions on back DEATH in plain terms.

Information

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File

(Address) ----

pe

AGE

PHYSICIANS

RECORD

S. No. 1.

1 PLACE OF DEATH

### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	
350	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Word)	16 DATE OF
e DA	TE OF BIRTH 4- 28- 19/X	
	(Month) (Day (Year)	that I last say
7 AG	If LESS than f day,hrs.	The GAUSE
(b) busi whice	General nature of Industry, ness, or establishment in the employed (or employer)  RTHPLACE (State or country)	Contribute Secondary
	10 NAME OF Joley & arylet	(Signed) W
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State th
PAR	12 MAIDEN NAME OF MOTHER LIGHT	18 LENGTH
	13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT At place of death
	interment)	Where was disea if not at place o Former or usual residence.

DA . E O . BE	310		-6	, 191
		(Month)	(Day	(Year)
17 l	HEREBY C	ERTIFY, Tha	t I attended	deceased from
	, 191	, to		191
hat I last saw h.	alive	on		, 191,
nd that desth o	ccurred on t	he date stat	ed above, at.	20, m
he CAUSE OF				· .
	eco.	-00	The same	
60	lino	Co-le	L.	
	~ • <u>4 88~~~~~</u>	0	· · · · · · · · · · · · · · · · · · ·	
		(Duration)	Vrs.	mos / ds
		( wai atton)		

MEDICAL CERTIFICATE OF DEATH

e DISEASE CAUSING DEATH, or, in deaths from VIOLENT ate (1) MEANS OF INJURY; and (2) whether ACCIDENAL, Or HOMICIDAL.

(Address)

F RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, RESIDENTS) In the State \_\_\_\_\_ yrs. \_\_\_ mos. yrs. \_\_\_\_ mos. .. . ds. se contracted.

death?

PLACE OF	BOHIAL	OH	HEMOVAL
Pist.	Hill	0	mologn

DA	TEO	BU	RIA	she
1	JU.	2	[]	191
A	ARES			

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

causing pearer, state occupation at beginning of illof persons engaged in domestic service for wages, as Servant, Code Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the DISEASE should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory: The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, Farmer (retired 6 yrs.) For persons (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using dways the same accepted term for the same disease. Dramples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) :Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Mcasics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

